

2009 ELECTION CYCLE  
SOS-MEDelbert Hosemann  
SECRETARY OF STATECandidate and Political Committees'  
REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate's Name MICHAEL W. JANUS  
 Full Address P.O. Box 4147, Biloxi, MS 39535  
 Telephone 228-388-5686 (Fax) 228-388-5686  
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 Office Sought STATE REP. Political Party GOP


☐ Check here if above is different from previous report

## TYPE OF REPORT

January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

☒ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

## IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

## REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions	800.00 + 900.26 \$	1,706.26	\$ 1,706.26
Total amount of disbursements	0 + 1,715.00 \$	1,715.00	\$ 1,715.00
Total amount of cash on hand	\$ < 8.74 >		

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date 11 JAN 10

Authority: Refer to Miss. Code Ann. § 23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

## SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

JANUS

Reporting period through

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS ASSOC FOR HOMECARE		12 / 1 / 09	\$ 300.00
Mailing Address 134 FAIRMONT ST STE B		__ / __ / __	\$
City, State, Zip Code CLINTON, MS 39056		__ / __ / __	\$
Name of Employer (Required) N/A		__ / __ / __	\$
Occupation (Required) N/A		Aggregate year-to-date	\$ 300.00
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name ANHEUSER - BUSCH		5 / 13 / 09	\$ 500.00
Mailing Address ONE BUSCH PLACE		__ / __ / __	\$
City, State, Zip Code ST LOUIS, MO 63118		__ / __ / __	\$
Name of Employer (Required) N/A		__ / __ / __	\$
Occupation (Required) N/A		Aggregate year-to-date	\$ 500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		__ / __ / __	\$
Mailing Address		__ / __ / __	\$
City, State, Zip Code		__ / __ / __	\$
Name of Employer (Required)		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		__ / __ / __	\$
Mailing Address		__ / __ / __	\$
City, State, Zip Code		__ / __ / __	\$
Name of Employer (Required)		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$